FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C 20549 RECEIVED

FORM D

AUG 0 3 2004

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGURATION D,

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires	May 31, 2005
Estimated avera	ge burden
hours per respo	nse16.00

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SEC	SE ONLY				
Prefix	Serial				
DATE RECEIVED					

·	nd name has changed, and indicate change.)	
Series C1 & C2 Preferred Stock and Bridge Note Fin	ancing	
Filing Under (Check box(es) that apply): Rule 50	04 Rule 505 X Rule 506 Section 4(6	ULOE
Type of Filing: New Filing Amendment	Raio 303 FE Raio 300 Decision (6	,
Type of Filing. New Filing Amendment		
	A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and na	me has changed, and indicate change.)	
Platform Learning Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
55 Broad Street, 25th Floor, New York, NY 10004		(212) 208-1412
Address of Principal Business Operations (if	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
different from Executive Offices)		
Same as above		
Brief Description of Business		
Educational Services		
		DOCCORE
Type of Business Organization		PROCESSED
corporation limited par	tnership, already formed other (please specify):
business trust limited par	tnership, to be formed	AUG 05 2004
	Month Year	
Actual or Estimated Date of Incorporation or Organization:	0 2 0 3 KActual Estimate	THOMSON D
Jurisdiction of Incorporation or Organization: (Enter two-le		FINANCIAL
•	nada, FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File - U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been, made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 10

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; Each general and managing partner of partnership issuers. Executive Officer General and/or Check Box(es) that Apply: Promoter ★ Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Ascend Ventures, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1500 Broadway, 14th Floor, New York, NY 10036 Check Box(es) that Apply: ★ Beneficial Owner General and/or Promoter Executive Officer Director Managing Partner Full Name (Last name first, if individual) Ascend Ventures NY, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1500 Broadway, 14th Floor, New York, NY 10036 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (East name first, if individual) Jenks, Stephen M. (Capital Resource Partners V, L.P.) Business or Residence Address (Number and Street, City, State, Zip Code) 55 Broad Street, 25th Floor, New York, NY 10004 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Neuwirth, Daniel (Quad Venture Partners SBIC, L.P.) Business or Residence Address (Number and Street, City, State, Zip Code) 650 Fifth Avenue, 31st Floor, New York, NY 10019 Check Box(es) that Apply: **★** Promoter ★ Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (East name first, if individual) Platform Group, LLC (Juan Torres and Eugene V. Wade, Jr. are the Managing Members) Business or Residence Address (Number and Street, City, State, Zip Code) 55 Broad Street, 25th Floor, New York, NY 10004 Check Box(es) that Apply: Promoter ★ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Quad Venture Partners SBIC, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 650 Fifth Avenue, 31st Floor, New York, NY 10019 Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer **X** Director General and/or Managing Partner Full Name (Last name first, if individual) Torres, Juan Business or Residence Address (Number and Street, City, State, Zip Code) 55 Broad Street, 25th Floor, New York, NY 10004 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Add additional pages

"A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;

Each general and ma	naging partner of par	rtnership issuers.			
Check Box(es) that Apply:	Promoter	✓ Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if	individual) ,				
Wade, Jr., Eugene V.					
Business or Residence Addres	s (Number and Stree	t, City, State, Zip Code)			
55 Broad Street, 25th Floo	r, New York, NY	10004			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Wash, Darryl E. (Ascend	/entures)				
Business or Residence Addres		t, City, State, Zip Code)			
1500 Broadway, 14th Floo	r, New York, NY	10036			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (East name first, if	individual)				
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)			
L					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Stree	t, Citý, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (East name first, if	individual)				
Business or Residence Address	s (Number and Stree	t, City, State, Zip Code)	4g., lok H., l		,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Stree	t, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
	(Use blan	nk sheet, or copy and use ad	ditional copies of this sheet,	as necessary)	

				B. I	NFORMA	TION AB	OUT OFF	ERING					
1 Heat	:	ld om doos	tha isawan	intand to as	all to mon o	aamaditad i	nyastana th	is offering?			•••••	Yes	No X
i. Has u	ne issuer so	id, or does						is offering? inder ULO		*******************	••••••••	ш	
2 What	is the mini	mum inves	•				_				•••••	\$	
2. What	is the initi	mum mves	unone unac	will be dee	epted from	diry indivi-	uuui	•••••••		••••••		Yes	No
3. Does	the offerin	g permit jo	int owners	hip of a sin	gle unit?							X	
4. Enter	the inf	ormation	requested	for each	person wh	o has bee	n or will	be paid or	given, di	rectly or ir	directly, any	у	
										securities in EC and/or	the offering.	•	
or	-			,	_			_		states,			
	er or dealer, e (Last nam			e information	on for that	broker or d	ealer only	·			 		
ruii Ivaiii	e (Last IIaiii	C 1115t, 11 II	idividuai)										
								<u> </u>					
Business of	or Residenc	e Address	(Number a	nd Street, C	City, State,	Zip Code)							
				1									
Name of A	Associated 1	Broker or I	Dealer										
•													
States in V	Which Perso	on Listed H	las Solicite	d or Intend	s to Solicit	Purchasers							—
(Check	"All States"	or check i	ndividual S	States)							[] All S	tates
AL	AK	AZ	AR	CA	co	СТ	DE	DC	FL	GA	HI	ID	
IL	IN	IA	KS	KY	LA	МЕ	MD	MA	МІ	MN	MS	мо	
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ок	OR	PA	
RI	sc	SD	TN	TX	UT	VT	VA	WA	wv	wi	WY	PR	
	(Last name									<u> </u>	لكتا		
run Name	(Last name	= 1115t, 11 tit	dividual)										
Business of	or Residence	e Address ((Number a	nd Street, C	City, State, 2	Zip Code)							
Name of A	Associated I	Broker or E	Dealer										
States in V	Vhich Perso	n Listed H	as Solicite	d or Intend	s to Solicit	Purchasers							
	"All States"				<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u> . [J All S	tates
AL	AK	ΑZ	AR	CA	co	СТ	DE	DC	FL	GA	HI	ID	
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО	
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ок	OR	PA	
RI	sc	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	
Full Name	(Last name	e first, if in											
	(·,	,										
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Dusiness (or Residenc	e Address	(inumber a	na street, C	ily, State, i	Zip Code)							
Name of A	Associated I	Broker or I	Dealer										
								•					
	Which Perso				s to Solicit	Purchasers		· · · · · · · · · · · · · · · · · · ·					
(Check	"All States'			States)							<u></u> . L		tates
AL	AK	AZ	AR	CA	co	СТ	DE	DC	FL	GA	н	ID	
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО	
МТ	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ок	OR	PA	
RI	SC	SD	T_{N}	TX	UT	VT	VA	WA	wv	wil	wy	PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check					
	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate fering Pric		Amo	unt Already Sold
	Debt	\$			\$	
	Equity	\$	3,505,705.	01	\$3	,505,705.01
	Common Preferred					
	Convertible Securities (including warrants)	. s_	3,887,325.	<u>39</u>	\$_3	,887,325.39
	Partnership Interests	. \$			\$	
	Other (Specify)	. \$			\$	
	Total					
	Answer also in Appendix, Column 3, if filing under ULOE.					-
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or " zero."		Number Investors		Doll	ggregate ar Amount Purchases
	Accredited Investors	8			\$7	,393,030.40
	Non-accredited Investors	· _			\$	
	Total (for filings under Rule 504 only)		<u> </u>		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		T f		Dalla	A
	Type of offering		Type of Security		Dona	r Amount Sold
	Rule 505				\$	
	Regulation A					
	Rule 504	; <u> </u>			\$	
	Total					
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	
	Printing and Engraving Costs				\$	
	Legal Fees			X	\$	210,000.00
	Accounting Fees				\$	
	Engineering Fees				\$	
	Sales Commissions (specify finders' fees separately)				\$	
	Other Expenses (identify)				\$	
	Total			X	\$	210,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
b. Enter the difference between the aggregate offering response to Part C — Question total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted proceeds to the issuer."	ed gross	\$ 7,183,030.40
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estir check the box to the left of the estimate. The total of the payments listed must equal the adjust proceeds to the issuer set forth in response to Part C - Question 4.b above.	nate and	
	Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	□ \$	□ \$
Purchase of real estate	□ \$	
Purchase, rental or leasing and installation of machinery and equipment	□ \$	□ \$
Construction or leasing of plant buildings and facilities		
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	Пѕ	□ \$
Repayment of indebtedness		
Working capital		
Other (specify):	□ \$	
	□ s	□ \$
Column Totals		
Total Payments Listed (column totals added)		83,030.40
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Connformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Ru	nmission, upon written	Rule 505, the following request of its staff, the

Platform Learning Inc.

Name of Signer (Print or Type)

Issac J. Vaughn

August 2, 2004

Title of Signer (Print or Type)

Secretary

Signature

Issuer (Print or Type)

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Date